

**STATEMENT OF ECONOMIC INTERESTS****COVER PAGE***A Public Document*

2010 MAR 29 AM 10:26

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Horton	Mark				
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
PO Box 997377, MS 0500		Sacramento	CA	95899-7377	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Californai Department of Public Health

Division, Board, District, if applicable:

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: Californai Bay-Delta Authority

Position: Board Member

**4. Schedule Summary**► Total number of pages including this cover page: 5

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached  
*Investments (Less than 10% Ownership)*Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or Greater Ownership)*Schedule B ☒ Yes - schedule attached  
*Real Property*Schedule C ☐ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*Schedule D ☐ Yes - schedule attached  
*Income - Gifts*Schedule E ☒ Yes - schedule attached  
*Income - Gifts - Travel Payments***-or-**☐ No reportable interests on any schedule**2. Jurisdiction of Office (Check at least one box)**☒ State☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Multi-County \_\_\_\_\_☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_☒ Annual: The period covered is January 1, 2009, through December 31, 2009.**-or-**☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2009, through the date of leaving office.**-or-**☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ Candidate Election Year: \_\_\_\_\_**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/24/10

Sig

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Mark B Hrotn

▶ NAME OF BUSINESS ENTITY  
Starbucks

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Coffee Retailer

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Policy Studies

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Consulting Company

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Southwest

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Airline

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Berkshire Hathaway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Diversified Company

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000    ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000    ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock    ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership    ☐ Income of \$0 - \$500  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED                  DISPOSED

Comments:

FPPC Form 700 (2009/2010) Sch. B  
FPPC Toll-Free Helpline: 866/ASK-FPPC [www.fppc.ca.gov](http://www.fppc.ca.gov)

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Mark B Hrotn

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE Assoc of State & Territorial Health Officers (ASTHO)
ADDRESS (Business Address Acceptable) 2231 Crystal Drive
CITY AND STATE Arlington, VA 22202
BUSINESS ACTIVITY, IF ANY, OF SOURCE Non Prof representing State & Territorial Health Office
DATE(S): 3 / 11 / 09 - 3 / 13 / 09 AMT: \$ 52.82 (If applicable)
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: Travel, Lodging & Meals to attend ASTHO Hill Day

▶ NAME OF SOURCE Assoc for Prevention Teaching & Research
ADDRESS (Business Address Acceptable) 1001 Connecticut Ave
CITY AND STATE Washing, DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE Non Prof Org that develops Curriculum for teaching
DATE(S): 4 / 21 / 09 - 4 / 22 / 09 AMT: \$ 565.52 (If applicable)
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: travel, lodging & meals to present at the 4th Annual Healthy People State Coordinators Workshop

▶ NAME OF SOURCE ASTHO
ADDRESS (Business Address Acceptable) 2231 Crystal Drive
CITY AND STATE Atlanta, GA 30329
BUSINESS ACTIVITY, IF ANY, OF SOURCE Non Prof representing State & Territorial Health Office
DATE(S): 6 / 29 / 09 - 7 / 01 / 09 AMT: \$ 109.43 (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: Travel, Lodging & Meals to attend the H1N1 Rapid Assessment Wrkgrp Meeting

▶ NAME OF SOURCE ASTHO
ADDRESS (Business Address Acceptable) 2231 Crystal Drive
CITY AND STATE Atlanta, GA 30329
BUSINESS ACTIVITY, IF ANY, OF SOURCE Non Prof representing State & Territorial Health Office
DATE(S): 8 / 19 / 09 - 8 / 21 / 09 AMT: \$ 107.16 (If applicable)
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: Travel, Lodging & Meals to attend the ASTHO Executive Committee Meeting

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Mark B Hrotn

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE Assoc of State & Territorial Health Officers (ASTHO)
ADDRESS (Business Address Acceptable) 2231 Crystal Drive
CITY AND STATE Arlington, VA 22202
BUSINESS ACTIVITY, IF ANY, OF SOURCE Non Prof representing State & Territorial Health Office
DATE(S): 12 / 7 / 09 - 12 / 7 / 09 AMT: \$ 94.74 (If applicable)
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: Travel, Lodging & Meals to attend ASTHO Board of Director's Meeting

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION:

Comments: \_\_\_\_\_